functioning in Delhi and around in Allopathic, Ayurvedic, Homoeopathic and Unani systems of medicine;

(b) the number of times all these dispensaries have been visited and inspected by Director of CGHS, Senior officers of the Directorate General of Health Services and of the Union Ministry of Health and Family Welfare and what have been their findings;

(c) what is the source of supply of medicines to these dispensaries for use of the beneficiaries and what steps are being taken to ensure that all medicines are always available to avoid repeated visits of the patients; and

(d) whether there are any lacunae in punctuality, discipline and availability of supply of medicines in the CGHS dispensaries; what steps Government propose to take to improve their functioning ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) There are 84 Allopathic, 13 Ayurvedic, 13 Homoeopathic and 4 Unani Dispensaries/Units functioning in and around Delhi.

(b) During the last 8 months, 65 visits/ inspections have been made by Director, CGHS and 130 visits/inspections by Additional Director (HQ) and Zonal Additional Director to these dispensaries. They are found that by and large the dispensaries are functioning satisfactorily.

(c) Most of the medicines are supplied to these dispensaries by the Medical Store Organisation. The medicines which are not supplied by Medical Store Organisations are procured from Local Chemists and supplied to the beneficiaries,

(d) The CGHS dispensaries are generally reported to be functioning satisfactorily in respect of punctuality, discipline and availability of medicines. However, every effort is being made to improve efficiency and to raise the quality of service in the dispensaries.

Rural/Urban Disparities in Health Sector

1111. SHRI MURLIDHAR CHAN-DRAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that rural/urban disparities in Health have widened;

(b) if not, what ii the rural/urban break-up of (i) Infant mortality rate, (ii) Crude death rate, (iii) Crude birth rate and (iv) Population per bed;

(c) what is the per capita expenditure on health for rural and urban sector; and

(d) steps taken by Government to provide better medical facilities in the rural areas ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) and (b) No, Sir. The gap in the health status of the rural and urban population lias narrowed during the last 10 years as indicated below:

	1981		1991	
	Rural	Urban	Rural	Urban
Infant Mortality Rate	119	62	87	53
Crude Death Rate	13.7	7.8	10.6	7.1
Crude Birth Rate	35.6	27.0	30 9	24.3
Population per Hospital bed	8422	395	6596	415

Moreover, the percentage of hospitals in rural areas, the population served per rural hospital and primary health centre has also improved.

(c) Per capita expenditure on rural areas and urban areas separately is not available.

(d) Health is primarily a State subject. However, the Centre has been augmenting the resources available for filling critical gaps in (adding disease control programmes. A large

network *of* 2128 Community Health Centres, 20,738 Primary Health Centres and 1,31,118 Sub-centres have been established in the country as on 1-4-1993 which primarily serve (he rural areas.

Project Report for the Development of Secondary Grade Hospitals in A.P.

1112. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government of Andhra Pradesh has submitted a project report for the development of secondary grade hospitals in (he State with the assistance of World Bank; and

(b) if so, what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) and (b) A Project Report for development of Secondary level and other hospitals was received from the Government of Andhra Pradesh for posing to World Bank for their assistance. The World Bank has accepted the proposal in principle. The objective of the project is to appropriately strengthen the first line referral hospitals and provide requisite back-up support to the primary health care institutions.

Introduction of Short Duration Medicine Course in the Rural Areas in the Country

1113. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to introduce short duration Medical Course of three years duration which suits rural areas of our country;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) There is no such proposal.

(b) Does not arise.

(c) The Medical Council of India is not in favour of such short term courses.

Introduction of Fundamentals of all the Systems of Medicine

1114. DR NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's consideration to introduce the fundamentals of ell the systems of medicine namely Allopathy, Homoeopathy, Ayurveda, Unani and Siddha' in the Syllabus for Medical education;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) There is no proposal to introduce fundamentals of other systems of medicine in the teaching of modern medicine.

(b) Does not arise.

(c) The fundamentals of each system of medicine are different and integration of these systems in the curriculum is not considered feasible and desirable.

Shortage of Nurses in the Country

1115. DR NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is acute shortage of nurses in the country, to the extent of four lakhs;

(b) if so, what steps Government are contemplating to meet this demand;

(c) whether there is any proposal to open new Nursing Institutions during 1993-94; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) Expert Committees had broadly indicated a requirement of 4.75 lakhs general Nurses for the country in 1991. According to the Indian Nursing Council the number of Nurses registered as on 31st December, 1991 is 3.40 lakhs.

(b) to (d) The responsibility for production of Nursing manpower is that of the State Governments. The Central Government have sought proposals from the States to over-